

## **MARICOPA COUNTY**

## **RISK MANAGEMENT DEPARTMENT**

222 NORTH CENTRAL AVENUE, SUITE 1110, PHOENIX, AZ 85004 PHONE (602) 506-2298 FAX (602) 506-5939

## **GENERAL LIABILITY LOSS NOTICE**

DEPARTMENT								
DEPARTMENT NAME			AGCY No.	ORG NO.		DEPT PHONE		
LAST NAME	FIRS	FIRST NAME			PHONE			
ADDRESS			ZIP CODE			Business Phone		
CONTACT PERSON		PHONE						
ACCIDENT								
DATE & TIME OF ACCIDENT ACC	ON (including City & State)	& State) POLICE TO WHOM REPOR			TED POLICE REPORT #			
□ AM								
DESCRIPTION OF ACCIDENT OR LOSS								
DESCRIPTION OF ACCIDENT OR LOSS								
INJURED								
NAME		Address & Pl	hone			Exte	nt of Injury	AGE
WITNESSES								
NAME		Address				Phone		
PROPERTY DAMAGE								
DESCRIBE DAMAGE TO PROPERTY								
NAME OF OWNER		HOME ADDRE	CC				PHONE	
NAME OF OWNER	HOWE ADDRESS				FHONE			
ESTIMATED COST OF REPAIRS OTHER COMM	IENITO							
\$	IENIO							
REMARKS								
REMARKS								

DATE	REPORTED BY: NAME AND TITLE	NAME OF SUPV., MGR., OR DIRECTOR